

VERBATIM PROCEEDINGS

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE ADVISORY
COMMITTEE

DR. ROBERT GALVIN, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

NOVEMBER 16, 2009

DEPARTMENT OF INFORMATION TECHNOLOGY
101 EAST RIVER ROAD
EAST HARTFORD, CONNECTICUT

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 . . .Verbatim Proceedings of a meeting of
2 the Health Information Technology and Exchange Committee
3 held on November 16, 2009 at 10:02 a.m. at the Department
4 of Health Information Technology, 101 East River Road,
5 East Hartford, Connecticut. . .

6
7
8
9 MR. WARREN WOLLSCHLAGER: And there are
10 new folks sitting around the table. Not new to the
11 Committee or the process, but they weren't able to join
12 us last time. So, for the benefit of everyone seated
13 around the table, maybe we can introduce ourselves again.

14 CHAIRPERSON ROBERT GALVIN: I'm Bob
15 Galvin. I'm the Commissioner of Public Health for
16 Connecticut. To my immediate right is Warren
17 Wollschlager, who is Director of Research and Development
18 for the Department. To his immediate right is Cristine
19 Vogel, the Commissioner of -- Deputy Commissioner of the
20 State Department of Health.

21 MR. WOLLSCHLAGER: Thank you very much.

22 (Whereupon, introductions were done.)

23 MR. WOLLSCHLAGER: All right.

24 Commissioner, we talked about maybe changing around the

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 order of the agenda a bit here.

2 CHAIRPERSON GALVIN: Yes, a couple of
3 members who are going to join, hopefully momentarily, but
4 why don't we go to public comment first. And if there is
5 any public comment we'll take that now.

6 MR. WOLLSCHLAGER: Anyone from the public
7 who would like to address the Committee? I'd just ask
8 that you sit at one of the microphones that's being used
9 to record a transcript of the meeting. And just for
10 those of you who are new to the group, just a reminder
11 that we are having a transcript made of these proceedings
12 that then gets posted on our website.

13 MS. HELEN GEORGE: Thank you everyone for
14 allowing the public to participate so openly. My name is
15 Helen George, and I am recently retired attorney. I am
16 here with Jeremy George, the former director of the
17 advanced networking group at Yale University. Our
18 unusual skill set prompted us to focus on the
19 intersection of law and technology and to, therefore,
20 found a non-profit entity, Nexus Resources, Incorporated.
21 And it is dedicated to bringing technology to disabled
22 individuals and to helping the agencies that serve those
23 individuals to navigate the Scylla and Charybdis of
24 technology and the law.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 And our early focus was on the high tech
2 act and the functional safe harbor under it. And we
3 believe it has the ability to -- or the potential, at
4 least, to expand enormously the collaborative work ethics
5 of people serving the disabled and to benefit those
6 agencies. Today we came to learn about, and to become
7 involved in, the state's efforts to promote the health
8 information technology exchange and to learn, in
9 particular, how it will benefit the disabled community
10 and their agencies.

11 And I thank you.

12 MR. WOLLSCHLAGER: Thank you. Other
13 comments from anybody in the audience? I will say,
14 Commissioner, one thing that's -- we talked about it's in
15 the funding announcement is that there is a requirement,
16 as we move forward, to accommodate the providers of
17 individuals with special needs. And we've had some
18 conversations with members of the behavioral health and
19 mental health communities. We appreciated you reaching
20 as well and it's certainly something we're going to have
21 to address as we move forward.

22 CHAIRPERSON GALVIN: Okay. With that we
23 will -- we have concluded Item No. 7 on your agenda. We
24 will go to Item No. 3, which is a review of the draft

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 minutes from the 27 October 2009 meeting. If there are
2 any corrections, deletions, or additions to those
3 minutes, please, bring them forward and we'll discuss
4 those, and then vote to accept them or not. Are there
5 any changes to those minutes? Take a few minutes, just a
6 few minutes, and look them over. And then if there are no
7 changes, or deletions, or corrections we will proceed to
8 a vote.

9 MR. PETER COURTWAY: Peter Courtway. I
10 move to accept the minutes as written.

11 CHAIRPERSON GALVIN: We have a second?

12 MR. DANIEL CARMODY: Second.

13 CHAIRPERSON GALVIN: Okay, the acceptance
14 of the minutes has been moved and seconded. Is there any
15 discussion? If not, all in favor of accepting the
16 minutes -- this vote is to accept the minutes of the 27
17 October meeting, all in favor?

18 ALL VOICES: Aye.

19 CHAIRPERSON GALVIN: Opposed? The minutes
20 are accepted as written.

21 Item No. 4 on your agenda is an overview
22 of other materials and I'll let Warren briefly take you
23 through that.

24 MR. WOLLSCHLAGER: Thank you,

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 Commissioner, and it will be brief. One thing, in
2 response to requests from Mr. Masselli, we tried to
3 organize the materials that we're handing out to you. And
4 we're simply doing it by date of the meeting and then
5 one, two, three, four, five. We just went through the
6 first couple of handouts for this meeting, the draft
7 agenda and the draft minutes.

8 Next, I want to make sure that you see,
9 maybe it's the first time some of you have seen the
10 transcript provided by Post Service. It's a big document.
11 It's up on our website. Now, these are not -- I mean
12 they're put out there, but these are not being vetted
13 through all the members of the Committee. This is the
14 product as it comes to the Department. We put it right up
15 there. We only get a couple of hard copies of it so it's
16 not like we have these available. But it's interesting to
17 go back. I mean sometimes it's a useful exercise to
18 compare the transcript with the minutes.

19 But that being said, on occasion, we've
20 used this same recording service for Stem Cell meetings,
21 on occasion there is something that's substantive that
22 may be -- is inaccurate in these transcripts. So we
23 encourage you, especially since these are part of the
24 public record, to read them closely. I mean they reflect

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 what you say. And feel free, if there is something either
2 significant or even not so significant, if you feel it's
3 something you want to bring to our attention to let us
4 know I guess, at this point, if you had any concerns or
5 disagreements with any of the content of the transcripts.

6 MR. COURTWAY: This is Peter Courtway.
7 You know, I read the transcript. It was a -- history.
8 And I was wondering how we handle corrections to it
9 because there is inside of my statement position order
10 entry. And I must have been not clear enunciating and so
11 there is positional order entry. So in terms of the
12 clarification will it happen here for correction? Do you
13 prefer an email, you know, clarification and then if
14 there is something substantive --

15 MR. WOLLSCHLAGER: -- what we've done in
16 the past is we use the proceedings of this meeting to
17 actually make note of the correction.

18 MR. COURTWAY: Okay.

19 MR. WOLLSCHLAGER: But if it's something
20 that you think is substantive to the point that it
21 requires us to go back and actually make corrections in
22 the original we can accommodate that as well. We have
23 done that in the past. So it's to the extent to which
24 you want to see it corrected in the original, or you're

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 comfortable just making it part of these proceedings.

2 MR. COURTWAY: I'm comfortable with
3 either/or. Is the -- you know, all of this will be on the
4 website also, I think, you said?

5 MR. WOLLSCHLAGER: Yes, the transcript of
6 this meeting will also -- so, going forward each of these
7 meetings will have a proceedings posted.

8 CHAIRPERSON GALVIN: All of this, Peter,
9 sounds a little nitty picky, but what we found with Stem
10 Cell is that with even a sentence that's not punctuated
11 right makes a difference when it comes to allocating
12 funds, or determining the course of a grant, or an
13 organization. So what looks like a little bitty -- just
14 something that needed a better punctuation or needed to
15 be better stated can be very important.

16 We usually get that from the minutes. My
17 legal friends know about reading stuff very carefully
18 before we -- before you proceed. But we've used some of
19 our old documents, now we go back to Stem Cell, we're
20 going back close to -- five years now?

21 MR. WOLLSCHLAGER: Five years.

22 CHAIRPERSON GALVIN: And, you know, after
23 -- sometimes if you sit and you figure what we were
24 thinking about when did that, or what was our reasoning,

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 or what was our intent with this little piece of business
2 that we did? And you get that out of the transcripts.
3 So it sounds like a tedious exercise to transcribe and to
4 keep these things, but we've found on several occasions
5 it really clarified what our thinking was and what the
6 intent of the Committee is, so they are very valuable.

7 MR. WOLLSCHLAGER: I think it's great,
8 too, for the public to get more than just the minutes, to
9 actually get a flavor of the discussion by going through
10 the transcripts.

11 So, any other comments, or changes, or
12 concerns about it? Lisa.

13 MS. LISA BOYLE: The reason -- I noticed
14 there is -- in here like there was something that I said
15 that was attributed to someone else. So it's okay, I
16 just felt bad for the person who actually gets my
17 comments.

18 MR. WOLLSCHLAGER: And, again, this is a
19 perfectly good time to point that out for the record.

20 MS. BOYLE: It's on page 79, I think, Ms.
21 Wolf actually got -- was -- my comment was attributed to
22 Ms. Wolf. It's the first, second, and third comment on
23 page 79.

24 MR. WOLLSCHLAGER: Thank you. Any other

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 comments? We're reviewing the transcript right now? Any
2 concerns, questions, or comments about the transcript? We
3 have approved the minutes already. Thank you.

4 We just, for the record, we just had two
5 new members of the Committee join us. Can we -- can you
6 introduce yourselves for the record, please?

7 MR. MICHAEL FEDELE: Yes. Mike Fedele,
8 the Governor's -- (inaudible) --

9 MR. MARK MASSELLI: Mark Masselli,
10 Community Health Center.

11 MR. WOLLSCHLAGER: Thank you. The next --
12 at the time that we sent it out, the next two pieces of
13 material had to do with state plans. Folks had asked for
14 state plans. We had some trouble accessing them. Let me
15 just say that there are no state plans that are currently
16 approved or endorsed officially by the Office of the
17 National Coordinator. So, that process is on-going as we
18 speak. Kevin, I don't know if you have an update to that.
19 But when I spoke to him, both this week and last week,
20 they said, no, nothing has been officially approved yet.
21 I don't want to go through those, I just think, you know,
22 they've been recommended as plans that have the level of
23 detail more so than the strategies that we're going to
24 have to address as well.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 Okay. Any questions about those plans?

2 Okay, thank you.

3 Table of documents, Mark, this goes back
4 to your request to try to organize the data somehow.
5 It's -- as I say, it's very crude, but it's basically
6 just doing it by date of meeting and number of handouts.
7 So if that's -- is it sufficient for you?

8 MR. MASSELLI: Sure.

9 MR. WOLLSCHLAGER: Okay, good.

10 The next two documents, plan development
11 options, this goes back to our discussion at the last
12 meeting when we threw out the fact that we need to come
13 up with both approved strategic and operational plans. We
14 had a couple of different ways to go, but that regardless
15 of what pathway we took it was imperative that we try to
16 get this accomplished as quickly as possible in order to
17 access the implementation funds that are going to be
18 available to move forward with the development of the
19 exchange capacity.

20 We've provided a little bit of information
21 to you in the document there, which is your Document No.
22 7. Basically, we just cut from the -- cut and pasted
23 from the OPM guidance document here on sole sourcing.
24 That was one of the options we talked about going back to

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 -- JSI, should we consider sole sourcing. And then
2 something I didn't really know, and Michael is here
3 representing Commissioner Bailey, I didn't realize that
4 DOIT had your own language specific to your authorities
5 in this OPM document that allows you to actually contract
6 in a way that's different than say the Department of
7 Public Health. And that -- since our last meeting we've
8 been going back and forth with our colleagues at DOIT
9 regarding their experience bringing in contractors and
10 vendors to work on their own strategic planning needs,
11 their own information technology requirements. And I was
12 happy to hear that they have worked -- they've got some
13 good experience with a nationally recognized vendor, who
14 is actually Connecticut based.

15 Rick, I don't know if you could talk a
16 little bit about Gartner Incorporated and your experience
17 with them.

18 MR. MICHAEL VARNEY: Specifically what
19 you're referring to, Warren, as we look through our
20 contracted vendors that we have and we --

21 CHAIRPERSON GALVIN: -- Mike, excuse me
22 for a second.

23 MR. VARNEY: Yes.

24 CHAIRPERSON GALVIN: -- you said Rick

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 Bailey.

2 MR. VARNEY: Well, it depends what I say.
3 But to answer Warren's question, Gartner is a firm that
4 we have under contract with the Department of Information
5 Technology and we've used them for several years within
6 their consulting arm for several items. We did talk to
7 them specifically about this initiative. They do have
8 significant depth and strength doing this exact type of
9 work for at least a half dozen other states presently.
10 And they've worked with over 20 states in the past doing
11 health information transformation, health information
12 exchange work. The resumes of their staff that would
13 work on this, if we were to contract them, are
14 significant with great depth. We've been very happy with
15 their products in the past.

16 So we initiated some conversations to see
17 if they had the capacity if we were to engage them. They
18 did assure us that they did have the right people sets,
19 based on the time frame that we're talking, to engage
20 them very quickly to get this product done for early
21 spring. And then we also talked very high level numbers
22 with them to see if we were in the right ballpark or not
23 and we certainly are within our planning range of dollars
24 if we were to engage them.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 So, we did start those initial
2 conversations. If we wanted to go and initiate a scope of
3 work with regard to the procurement side it would be very
4 quick because they are a contracted vendor now, so we
5 could engage them almost immediately, however, the
6 Committee wants to do that.

7 MR. WOLLSCHLAGER: So, Mr. Chair, what we
8 wanted the feedback from the Committee on is we could
9 continue our discussions with Gartner and ask them to
10 develop a scope of work for us. And, again, they're
11 currently under contract. Or we could pursue the sole
12 source, but that might be difficult to justify when we
13 already have an entity, a nationally recognized entity
14 under contract with the State of Connecticut. I think
15 that might be -- we'd have to really look at some of the
16 requirements there for sole sourcing. We can't initiate
17 any contact or discussion about scope of work with JSI
18 unless we had a prior approval from our administration.

19 So we'd like feedback. Really I think
20 we're looking to see if the Committee is okay with us
21 engaging Gartner in additional conversation.

22 MR. CARMODY: This is Dan Carmody from
23 CIGNA. I guess the question I had, back at our last
24 meeting, I mean we've worked with Gartner before.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 MR. WOLLSCHLAGER: Yes.

2 MR. CARMODY: So -- and so I understand
3 their qualifications, the only question I had was the
4 group that did the state plan, you know, just the amount
5 of time it takes. We talked before about getting up to
6 speed and what not. So I'd just like to hear thoughts
7 around what it would take, again, because of the
8 compressed time frame to continue with the group that
9 worked on the prior plan versus moving over. Not that I
10 have, you know, either way have a specific opinion, but I
11 just wanted to hear how that would go.

12 MR. VARNEY: Specifically we did talk to,
13 like I said, Gartner with regard to their ability to meet
14 our expectations for a time frame and they assured us
15 that they certainly could, based on the previous
16 documents that we have, which they had seen and looked
17 at. Knowing that the framework, based on the different
18 domains that would need to be processed into with all of
19 that data collection and stakeholder, they felt it was no
20 issue time frame wise for them coming up to speed to do
21 that. I had no conversations with the previous vendor to
22 be able to answer those questions.

23 MR. WOLLSCHLAGER: We're prohibited from
24 doing that.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 MR. CARMODY: Oh, okay.

2 MR. WOLLSCHLAGER: So, but certainly --

3 MR. CARMODY: -- so does that go into the
4 fact that if you were going to go back to the original
5 vendor you actually have to give it under the sole source
6 piece, or that's what you were thinking?

7 MR. VARNEY: Yes.

8 MR. CARMODY: Okay.

9 MS. NANCY KIM: It's Nancy Kim. I have two
10 questions. What does it mean for them to be under
11 contract? And, two, have they performed a similar task
12 for other states? You had mentioned that they had been
13 involved with other states and, if so I think that favors
14 them.

15 MR. VARNEY: Well, they have done similar
16 tasks for other states, which they referenced in their
17 information when we were asking them for their experience
18 level. They have done different items for different
19 states. They have done very similar work to this in
20 Pennsylvania, Alabama, Arizona, and Texas, and currently
21 in California, they mentioned specifically, along with
22 they have a laundry list of other work that they've done.
23 And I'm sorry your other question -- oh, under contract?

24 MS. KIM: Yes.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 MR. VARNEY: We have a master agreement
2 with Gartner to procure different services from them,
3 which was done through an open process. So, we have a
4 list of products that we can buy from them at a set rate
5 for a period of time. So, we buy consulting services at
6 a certain rate off of an existing contract. Basically
7 that's what it is.

8 MS. KIM: Okay.

9 CHAIRPERSON GALVIN: Mark, you had a
10 comment.

11 MR. MASSELLI: Yes, if we had JSI under a
12 master agreement and Gartner under a master agreement,
13 what would be doing? Is there -- and is there anyway if
14 the answer to the first question is, we've dealt with JSI
15 to encourage Gartner to work with JSI? Would that be
16 inappropriate? But I guess on the first one we feel like
17 the work they did was -- would give them a leg up in
18 terms of what we were trying to accomplish on this phase.

19
20 MR. WOLLSCHLAGER: I think that's a good
21 question. I can't speak to the breadth of experience,
22 with national experience with JSI? I mean I think the
23 product that they gave us was good. So, I guess if they
24 were both under the master contract we'd be making a

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 decision about one or the other. And I wouldn't be in the
2 position to weigh in as to which one would be --

3 CHAIRPERSON GALVIN: -- well, is -- Mark,
4 is our question theoretical or is JSI actually -- do they
5 actually have a master contract with --

6 MR. VARNEY: -- not that I'm aware of.

7 CHAIRPERSON GALVIN: No. So it's --

8 MR. MASSELLI: -- not that you're aware of
9 --

10 MR. VARNEY: -- DOIT does no have a
11 contract --

12 MR. MASSELLI: -- DOIT doesn't.

13 CHAIRPERSON GALVIN: Okay.

14 MR. FEDELE: The question is, does DPH
15 have a contract?

16 MS. HORN: Not a current one, no.

17 MR. FEDELE: Not a current one. All
18 right.

19 CHAIRPERSON GALVIN: Yes, Ken.

20 DR. DARDICK: This is Ken Dardick. When
21 the original plan was put into place was Gartner
22 considered for that work? How was JSI chosen at that
23 point? Was there any comparative --

24 CHAIRPERSON GALVIN: -- Meg, would you --

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 I'm going to have Meg Hooper, who is the -- our subject
2 expert on the matter. She has a better memory than I do.

3 MS. MEG HOOPER: And Marianne was also on
4 the committee. Good morning everyone. I'm Meg Hooper from
5 the Department. What the Department of Public Health did
6 was to issue an RFP. Gardner or Gartner was not one of
7 the applicants. What we were looking for was beyond a
8 strategic plan, kind of getting a baseline for the HIT
9 technology and exchange. We went through a lengthy RFP
10 process to make sure that it was clear and exact what we
11 were looking for.

12 And then what we did is, I think, we
13 received seven applications and reviewed them with our
14 advisory committee. It was not legislatively mandated,
15 but, again, as I said last meeting the Department knew
16 that we were not skilled to go through it. We went
17 through and scored each of the factors required by
18 legislation and appropriate to the State of Connecticut.
19 And JSI was the high scorer from everyone on the
20 committee. Mr. Gadea was on the committee. Marianne
21 Horn, Tom Agresta -- Dr. Agresta --

22 DR. DARDICK: But, again, Gartner was not
23 part of the process.

24 MS. HOOPER: They did not apply.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 DR. DARDICK: I mean I think what I'm
2 hearing around the table is some sense that since JSI has
3 already been involved, theoretically and practically,
4 there might be some preference for letting them continue
5 to do the work if they have done the work well. On the
6 other hand, if we have serious limitations, I mean we
7 can't put out another RFP apparently, in terms of time
8 constraints; we're going to be jumping to a new vendor.
9 Then the question is what confidence do we have that this
10 new vendor will be able to perform to specs on both time
11 frame and substance. And I, certainly, can't judge that.

12 MS. BOYLE: On that topic, this is Lisa
13 Boyle, is there anything -- is there -- are there other
14 vendors who are similarly qualified, who already have
15 contracts with DOIT?

16 MR. VARNEY: Not presently. The only other
17 contracting mechanism we have currently in place for this
18 specific type of work is basically an open contract
19 mechanism where we hire through several consulting firms
20 or they broadcast off where they sub individuals to us.
21 And we have no idea of who they would send back for us to
22 interview at all. And sometimes that goes very quickly,
23 and we get great people, and sometimes it takes a very
24 long time and we don't get super people off of those

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 types of contracts. So it's really an unknown.

2 CHAIRPERSON GALVIN: I think John had a
3 comment.

4 MR. JOHN GADEA: Actually, more of a point
5 of confusion for myself, if I recall from some of the
6 discussions that occurred at that last phase, or the
7 previous phase, several of the applicants in submitting
8 their responses to the RFP indicated -- it was clear they
9 were indicating of moving forward beyond that to further
10 phases, such as the one we're in or the ones that's
11 coming after this. And I believe some of the information
12 provided out by the committee was that once you're
13 awarded that first RFP it pretty much excluded you from
14 doing any further activity on the project. I'm not quite
15 sure where that line goes, but I'm just bringing it up
16 because I'm a little confused as to where the line goes.

17 CHAIRPERSON GALVIN: Yes, I have that same
18 confusion, and maybe, Meg, could answer that question and
19 then we'll move on to some other comments.

20 MS. HOOPER: I'm going to just ride in the
21 chair and do wheels. This is Meg Hooper again. What the
22 State of Connecticut has for contracts is that if you're
23 one contract for planning you cannot implement, implement
24 that plan. So, doing another plan, you know, again, I

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 would defer to Attorney Boyle and Attorney Horn on
2 whether implementation is doing another plan, developing
3 a strategic plan. But how the State of Connecticut
4 contracts work, you can't get a contract to do a plan to
5 do something and then have the favor of designing a plan
6 that you can actually implement. So the key word there is
7 implement.

8 CHAIRPERSON GALVIN: Yes, I think the
9 Lieutenant Governor --

10 MR. FEDELE: -- well, I think before I
11 make my comments it's important to get some sort of an
12 answer to that question, if we can, because I think what
13 we're talking about here -- assuming all things were
14 equal, we're talking time, right? If we believe JSI --
15 and I'm not sure if JSI is as good as Gartner, and I've
16 had experience with Gartner in my private sector
17 experience. They're clearly a reputable, international
18 organization. But if all things were equal, how much
19 time do we save by going with someone who is on contract
20 over, I'm assuming, what I'm hearing is JSI would have to
21 go through the contractual process again in order to
22 participate, if it's ruled that they can get involved in
23 it.

24 CHAIRPERSON GALVIN: Yes, I think, Mike,

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 also the other six people who didn't get it would
2 probably want a chop at it.

3 MS. HORN: I think the sole source
4 contracting would be the process that JSI, at this point,
5 would go through in terms of the time frame because to
6 open it back up to a complete RFP and bidding process we
7 don't have the luxury of that amount of time. And I
8 wonder if I could get Barbara Parks Wolf to weigh in on
9 the issue of whether JSI could participate in the second
10 contract.

11 MS. BARBARA PARKS WOLF: If I were
12 determined that this is an extension of the work they've
13 done, going into more detail, then that would be
14 appropriate. If it is new work generated from the last
15 plan, I think it wouldn't. So, I would defer to you to
16 sort of make that distinction. But I think that when
17 they were talking about it broadly you can't -- you can't
18 do work that sets up the next step.

19 MS. HORN: Right. Yes, and I think the
20 initial plan that we had that was -- we did talk about
21 next steps, but the plan and the contract was in and of
22 itself complete when they submitted the plan. And this
23 would be taking that sort of the environmental scan plan
24 and turning it into a strategic and implementation plan.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 MS. PARKS WOLF: So is that doing the same
2 thing, but going down a level deeper or is it a new scope
3 of work?

4 MS. HORN: I think it's the former, but I
5 certainly defer to people around the table.

6 CHAIRPERSON GALVIN: What -- say again
7 what you meant.

8 MS. HORN: Yes, so is the plan an
9 extension of what they have already done or is it
10 something that they, in the planning phase, are then
11 going to actually bid on and implement, and it's really
12 more taking the plan and extending it, is sort of my
13 opinion.

14 MR. KEVIN CARR: I think I'll speak to
15 that. This is Kevin Carr. So, when this plan was created
16 there were no cooperative agreements for the regional
17 extension center or the ONC Health Information Exchange.
18 And so one of the reasons this will not qualify for a
19 strategic plan for the Office of the National
20 Coordinators is it doesn't consider those two programs
21 because they didn't exist at the time this plan was
22 written. And so if you look at it from that perspective,
23 whatever -- whoever we contract with would be taking this
24 and then adding additional content related to the

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 regional extension center, the health information
2 exchange. And then I would say looking at it under the
3 lense of what else has changed, what new health reform
4 initiatives do we want to support, what technology, and
5 adding that to the plan. So you take this -- so it does,
6 to me, seem like an extension of this existing plan, and
7 then taking it to the next level and adding updated
8 information.

9 And then from a Gartner perspective versus
10 JSI, just from the industry as a whole, I would say that
11 they're -- Gartner's reputation is very well known in
12 both health information exchange and also health IT and
13 electronic medical records, and various sectors. I think
14 JSI, from an industry perspective, seems to be more
15 focused on state and local as -- whereas Gartner is more
16 focused on state and local, private sector, etcetera. So
17 I think they would be able to bring a slightly different
18 viewpoint than what JSI would be able to bring.

19 MS. KIM: It's Nancy Kim. Does JSI have
20 the experience that Gartner does in taking it to the next
21 level?

22 MS. HORN: Whatever that level is. I
23 believe that they would have the experience to do
24 whatever we ask them to do.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 MR. COURTWAY: This is Peter Courtway. A
2 question in regard to the ethical guidelines, you know,
3 we are currently under contract with Gartner. So as
4 such, the way I read the ethical guidelines, I recuse
5 myself from a vote relating to it. You know, but what
6 does this do for me in terms of commenting on
7 qualifications and entering the discussion?

8 MS. HORN: Well, if I can just clarify
9 that, the role of the Committee is, as we see it in terms
10 of this decision, is an advisory one to the Department,
11 which will actually make the decision. So, it's not a
12 real vote in terms of the authority resting with you to
13 make the final determination. But, certainly your input
14 and advice is what we're looking for.

15 MR. COURTWAY: Okay. Well, in that case,
16 we have done a fair amount of work for Gartner and their
17 reputation is, you know, nationally known. And I think
18 that the question really is, I think Dr. Carr put it in,
19 is the question really of the focus. You know, if we were
20 moving beyond the state landscape and realizing that this
21 is a national infrastructure, you know, it's a national
22 plan that has to be melded into, the major advantage that
23 I've experienced, in my career, of going to larger houses
24 to get the work done is that they bring the intellectual

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 property with them. They bring the other work that
2 they've already done. So it can give you some speed to be
3 able to do it. I'm not familiar with JSI's work in the
4 other areas to know whether or not, you know, how they
5 bound between the two in terms of intellectual property.

6 MR. WOLLSCHLAGER: So if I may,
7 Commissioner, just to sort of bring it back. What we were
8 looking for was this kind of feedback. We'll also sort of
9 -- the green light, as Marianne says, its more advisory,
10 but we would like to engage in more detailed discussions
11 with Gartner to have a better sense to be able to answer
12 some of the questions that are coming up here. Again,
13 these conversations have occurred in the three weeks
14 since we last got together. And, again, we can't be
15 talking to JSI unless we were to go down the path of
16 trying to make an argument that they meet the
17 requirements for sole sourcing and that has to be -- that
18 argument has to be made and approved by our colleagues at
19 OPM. Is that right, Marianne?

20 MS. HORN: Yes.

21 CHAIRPERSON GALVIN: I would think if we
22 got into more sustentative discussions about JSI we would
23 have to throw it open to perhaps other entities. Let's
24 say we called Kendall Electric and IBM was involved, of

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 those seven. I'm not sure we could -- I'm not sure if we
2 depart from the Gartner firm and begin to look at other
3 entities don't -- we would have to look at all other
4 entities. We certainly don't want to get started and
5 then get somebody joining us. I don't know. Are we now,
6 Marianne, looking at two different corporations and
7 deciding whether we want to further investigate with one
8 or the other, and if we are should we not open it up --
9 go that route, do we have to open it up to others?

10 MS. HORN: Well, again, I think we'd have
11 to get the green light from OPM in terms of whether we
12 could make the justification that JSI meets the sole
13 source criteria that are specified by OPM. If not, then
14 we would have to definitely go out to a full bid. But,
15 because they did get the award for the contract, they've
16 already done the leg work on the initial plan, the
17 argument might be that they have unique qualifications
18 that they can get up and running quickly. They know the
19 landscape, those kinds of things. I don't know whether
20 those are sufficient for, particularly, if we have
21 another contractor in the state who is under contract and
22 able to do this whether that takes the wind out of a sole
23 source argument. I think we need to consider that.

24 CHAIRPERSON GALVIN: Right.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 MS. HORN: We don't necessarily have to
2 open it up to all of the other bidders.

3 CHAIRPERSON GALVIN: Understood. But the
4 tone of your remarks sort of indicate to me that it's not
5 a sure thing that JSI would be considered a sole source.

6 MS. HORN: That's true.

7 MR. WOLLSCHLAGER: Lisa.

8 MS. BOYLE: I think it really -- whether
9 they --

10 DR. TOM AGRESTA: -- quite challenging. I
11 can hear some folks well and others not, so my comments
12 might -- but I think one of the key features in trying to
13 do something like this, in a short time frame, is in
14 understanding the local landscape well because, you know,
15 any plan that is looked at and tried to implemented in
16 our state really does need to know the players in an
17 integral way. And if you're looking at a national firm,
18 who has done this, you know, on a national level I think
19 it brings the capacity to rapidly say how we can join
20 into the national effort. But I wonder how they can look
21 at the local piece as well. And if we do that I think
22 it's then going to be up to us to really rapidly and
23 efficiently engage our local stakeholders so they become
24 part of that process. And that will be a challenge with

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 whoever gets awarded this process, but I think that's
2 going to be an important feature of what we can do.

3 CHAIRPERSON GALVIN: Okay. Was there a
4 comment over on the other side of the table?

5 MS. BOYLE: I think -- I mean I think it's
6 probably a little challenging and I'm certainly not
7 opining on behalf of OPM to say that they are, you know,
8 that they should be a single source vendor because of the
9 fact that we already have someone who we know is
10 qualified and has done it for six other, you know, states
11 in the country, and also have local presence and has
12 worked with some Connecticut, you know, in the
13 Connecticut landscape. So I think, you know, to some
14 degree it's going to come to, I think, timing of the
15 thing. If, you know, especially I think it erodes the
16 case that they -- that we need to go with JSI if, you
17 know, Gartner can put together something in the same time
18 frame and can quickly turn things around. I think it
19 makes it more difficult to get to JSI in that case
20 because you have someone whose qualified who is already
21 local and has done the work elsewhere, and can do it in
22 the same time frame.

23 CHAIRPERSON GALVIN: I think that's very
24 neatly articulated, a very neatly articulated argument.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 My concern would only be that since there is a fair
2 amount of money at stake here. What are we talking about
3 dollar wise?

4 MR. WOLLSCHLAGER: For this activity?

5 CHAIRPERSON GALVIN: Yes.

6 MR. WOLLSCHLAGER: Around a half a
7 million.

8 CHAIRPERSON GALVIN: Around a half a
9 million dollars that it's not inconceivable to me to
10 think that JSI would complain that they did not -- get a
11 complaint such as you never asked me if I could do it
12 faster or as fast as the other guy. So I'm very concerned
13 that with this much money at stake somebody might do
14 something to enjoin the process and then we'd be sitting
15 here talking about this in July and August. Yes, Mike.

16 MR. FEDELE: Dr. Galvin, this is Mike
17 Fedele. I guess going back to the question then, if,
18 hypothetically, the group said it's JSI how quickly --
19 because this is a discussion based on timing, right, how
20 quickly could we get them under contract if that's -- or
21 anybody for that matter? If we didn't have to go an RFP,
22 but it was just someone like JSI going under contract to
23 do this specific project.

24 CHAIRPERSON GALVIN: Yes, and Governor, we

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 found that the process is slow with a lot of inputs along
2 from agencies other than our two. And I think even a 90
3 or a 120 day turn around of a contract would be very
4 optimistic. So I think time is of the essence here and I
5 think that's very important. We just don't want to -- I
6 don't want to create a condition where somebody feels
7 they've been disadvantaged and, you know, you never gave
8 me a chance to say, what I would do. That's a weak spot.

9 Yes, Lisa.

10 MS. BOYLE: It just seems that in terms
11 of, I understand the issue about people contesting the
12 process, the safest way clearly to not have someone
13 contest the process is if we went with the RFP, but that
14 defeats the purpose of trying to meet the deadline. So
15 it seems to me the next safest approach is to go with
16 what we already have which is a contract with DOIT since
17 that's actually validated in the -- you know, by law. And
18 then the most risky would be going with JSI because you
19 have to make the argument that it's a single source
20 vendor.

21 MR. CARMODY: I would agree with
22 everything that Lisa said, so I mean if we were moving in
23 that direction I think going under the contracted vendor
24 is probably the best and most expedient way to be able to

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 proceed.

2 CHAIRPERSON GALVIN: Any further comment?

3 MS. KIM: Nancy Kim, I completely agree.

4 MR. COURTWAY: Peter Courtway, I concur.

5 CHAIRPERSON GALVIN: Okay.

6 MR. MASSELLI: Just one question, Mark
7 Masselli. Contract vendors, we're sure Gartner is the
8 only one, and is it that we're just looking at DOIT and
9 the Department of Health, no one else will come up saying
10 I have a contract arrangement with the state in another
11 department and would have been eligible? Just to make
12 sure that there is no other competitor.

13 MR. FEDELE: Just so --

14 MR. MASSELLI: -- so we don't have
15 somebody who might be out there who said I was qualified.
16 You went this process, but there were three other people
17 who were -- and I would agree if there aren't any it
18 makes sense to move forward -- just do due diligence that
19 there were not --

20 MR. WOLLSCHLAGER: -- what we're looking
21 for now is to engage in discussion not to sign a contract
22 with --

23 MR. MASSELLI: -- no, I just want to make
24 sure that there isn't. Okay.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 CHAIRPERSON GALVIN: Well, can we -- can
2 the group vote to continue the conversations pending
3 advice from Chief Varney?

4 MS. HORN: We could do that. We could also
5 get a sense from the group today, I think, that if no
6 other contractor emerges that we proceed with looking at
7 the DOIT contractor.

8 MR. WOLLSCHLAGER: Without actually going
9 --

10 MS. HORN: -- yes.

11 A VOICE: Do you need a formal motion for
12 that or do you want to just move forward with that?

13 CHAIRPERSON GALVIN: I'm sorry, Cristine.

14 MS. CRISTINE VOGEL: I think you can do an
15 email vote, if you want to confirm the contractor then
16 email the members.

17 CHAIRPERSON GALVIN: If we do an email
18 vote does that count as a meeting?

19 MS. HORN: It does.

20 CHAIRPERSON GALVIN: So we have to
21 publically notice that.

22 MS. HORN: Right.

23 CHAIRPERSON GALVIN: So that's --

24 MS. HORN: -- I think if we -- if we learn

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 from Mike that there are other contractors that are out
2 there that we think the Committee would like to hear
3 about then we would need to notify the Committee and have
4 another -- further discussion on the qualifications of
5 those votes, and get --

6 MR. CARMODY: -- I'll motion that we move
7 forward with the contracted vendor as identified by
8 Gartner unless otherwise notified by the Department that
9 there are other vendors we need to take into
10 consideration to engage in a dialogue around updating the
11 next set of the plans.

12 CHAIRPERSON GALVIN: Sounds good. Do we
13 have a second?

14 A VOICE: Second.

15 CHAIRPERSON GALVIN: Okay. Moved and
16 seconded. And so we all understand what the vote is
17 about, moving forward with the discussions, and in the
18 meantime Chief Varney will look at the -- to see if there
19 is any other available vendors. Is -- are there any
20 further things we need to discuss? If not, I'll call a
21 vote. All in favor and we're voting on just moving
22 forward with the conversations pending advice from DOIT.
23 All in favor?

24 ALL VOICES: Aye.

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 CHAIRPERSON GALVIN: Opposed? The motion
2 is carried. Great.

3 MS. HORN: And, again, I just want to note
4 for the record that it's an advisory vote.

5 MR. WOLLSCHLAGER: Okay, great, the vast
6 scope of work is really not that under agenda No. 5, it's
7 really what I tried to give you was the abbreviated --
8 the cliff notes versions of the requirements both for
9 strategic and operational plans, and they fall into two
10 categories. I'm doing this to lead up to sort of the next
11 discussion. We know the five domains. If you looked at
12 the guidance you know that -- and Kevin suggested, these
13 domains are new requirements specified by the Office of
14 National Coordinator. We've addressed some of the
15 components of these domains, but our current HIT plan is
16 not really focused and structured around these specific
17 domains. And there are very specific requirements under
18 each of the domains.

19 What I wanted to point out is that there
20 are also very specific requirements under what they call
21 general topics. And so there is a two page handout
22 that's No. 8 and it basically breaks it down as to what
23 are we looking for when we end up with our strategic and
24 operational plans. This eventually will be turned into

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 part of the scope of work for somebody because this is
2 what they're going to have to come up with for us. So, I
3 put it out there just for information purposes now unless
4 there are any questions about it. There are some typos.
5 I'm sorry, I got it out quickly. Yes, any questions?

6 MR. COURTWAY: This is Peter Courtway. I
7 didn't have any questions on it, but there is one item
8 that I think is missing from the framework and that is
9 the vision of the outcomes we're trying to achieve. Both
10 the New York state plan and the Vermont health plan had
11 it very deep within the documents. But I've always found
12 it more successful when you have the end goal at the
13 beginning so that people can find their way without
14 getting into -- lost in the detail.

15 MR. WOLLSCHLAGER: That's a good point,
16 thank you.

17 CHAIRPERSON GALVIN: Okay. Next steps.

18 MR. WOLLSCHLAGER: We mentioned this
19 briefly last meeting, Commissioner, and we ran out of
20 time. The reason I wanted these domains and other general
21 areas spelled out is because to go to -- maybe, David, it
22 was your comment or somebody suggested whoever we pick to
23 move forward with the planning we're going to have to
24 quickly find a way to get the stakeholder community

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 engaged. And with all due respect to the expertise
2 gathered around the table, I think it would behoove us to
3 try to increase our depth and breadth of experience and
4 expertise. And I thought one way we might do that is to
5 establish subcommittees, whatever subcommittees you think
6 would be appropriate, but certainly a subcommittee
7 addressing each of the five required domains under the
8 federal funding announcement that would be staffed by or
9 headed up by a member of the Committee, but then would be
10 staffed by the Department or by DOIT. It would then
11 include membership of stakeholders, significant
12 stakeholders that were identified by Committee members so
13 that we'd be prepared when somebody started planning to
14 have a committee of experts looking at technical
15 requirements rather than just this Committee.

16 So I throw that out there for discussion.
17 At a minimum, I'd like to at least consider some
18 subcommittees being established and, if not, that's okay
19 too.

20 CHAIRPERSON GALVIN: Tell us how that
21 would work.

22 MR. WOLLSCHLAGER: Well, for instance, if
23 there was a finance subcommittee and that's one of the
24 areas -- that's one of the five domains. So we would

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 establish a subcommittee on finance. It would be chaired
2 by or at least headed up by at least one member of this
3 Committee. It would be staffed by the Department or if
4 we're talking maybe a technical subcommittee by somebody
5 from DOIT.

6 CHAIRPERSON GALVIN: Staffed meaning?

7 MR. WOLLSCHLAGER: We would provide staff
8 support.

9 CHAIRPERSON GALVIN: For minutes and
10 calling meetings.

11 MR. WOLLSCHLAGER: Minutes and stuff like
12 that.

13 CHAIRPERSON GALVIN: Yes, stuff like that.

14 MR. WOLLSCHLAGER: Any kind of support the
15 committee might request.

16 CHAIRPERSON GALVIN: Okay.

17 MR. WOLLSCHLAGER: Again, it's a
18 subcommittee and it doesn't -- it's not a quorum so these
19 don't have to go through the whole process, but we'd like
20 to keep minutes and keep it formal where possible. But
21 then the Chair -- you know, the Chair of the
22 subcommittee, whoever is representing the subcommittee
23 from this group, would then reach out through his own,
24 his or own colleagues, and bring in the expertise that

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 they think was necessary to develop an approach and a
2 strategy for moving forward with a business plan and the
3 other components of the financial domain.

4 CHAIRPERSON GALVIN: So if I were the
5 selectee from this Committee then I could theoretically
6 pick anybody I want.

7 MR. WOLLSCHLAGER: That's right, it
8 doesn't have to come from this Committee.

9 CHAIRPERSON GALVIN: It doesn't have to
10 come from the Committee or from state government.

11 MR. WOLLSCHLAGER: No, ideally it
12 wouldn't. It would come from other under represented or
13 unrepresented components of the industry.

14 MR. MASSELLI: And I think it's a good
15 idea if you expand the stakeholders. Could we be a little
16 more strategic than -- is there a list of people that we
17 really believe organizations and individuals who bring a
18 body of knowledge that's important to have represented so
19 that the committee chairs could chose from that as a
20 beginning point because if we think tactically that we
21 want to be more inclusive and there are key people
22 looking at the stakeholder participant list from the last
23 one that we missed in this group I wouldn't leave it to
24 any individual making those selections. I'd give them a

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 list to start with.

2 CHAIRPERSON GALVIN: I understand that and
3 I'm going to ask Commissioner Vogel if she'd make a few
4 remarks. Of all of the people I've worked with in state
5 government she certainly is one of the very top people in
6 terms of her understanding things, and understanding
7 process, and understanding non-exclusive -- being non-
8 exclusive or being inclusive. But Cristine, I think, has
9 a special genius in figuring out how to make things work
10 process wise so that a whole lot of people aren't, create
11 a whole of aggrieved people in the process. And I just
12 wondered if you wanted to share some thoughts or become a
13 part of this. But I know that you know how to get things
14 done like this.

15 MS. VOGEL: I appreciate your comments.
16 This is Cristine Vogel. I'm afraid I'll damage that
17 beautiful comment by my next statements. And I don't
18 think everybody out there thinks I don't aggrieve them,
19 but I do agree with Mark Masselli regarding this, as an
20 advisory body, we may want to offer names of nominees.
21 People that we know their backgrounds that either are
22 familiar with the process of private and public
23 committees because they can take on a life onto
24 themselves with deadlines. You want to make sure you

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 have members that are committed to state government and
2 moving this project forward, but you do want to include
3 enough variety so it's not always the same people
4 attending these. Many of us who are on lots of
5 committees, you do see a lot of familiar faces. Some of
6 those faces are also people who care and get things done.
7 Some, quite frankly, fill up a seat. So you want to make
8 sure that you do have a variety.

9 And also something as beneficial as this
10 plan, this is the first time the State of Connecticut has
11 moved this forward. So I believe there will be people
12 that currently we all may not know should be on our
13 committees. This is new ground for the state. And we
14 have one opportunity to do it perfectly, which would be
15 all of our goals. So I agree with Mr. Masselli that we
16 should probably take a little time, see how we all would
17 nominate forward, and possibly, as an advisory group,
18 review the list, make sure that we have enough IT
19 expertise, enough people who understand the areas that
20 possibly state government is not familiar with.

21 Although I did not recognize him when I
22 walked into the room, Peter Courtway has knowledge that
23 I'll never have about IT platforms and, coming from a
24 hospital, the importance of a hospital. And Mark Masselli

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 has the expertise from the FQHC outpatient clinic
2 setting. So I believe if we balance the goal of making
3 sure it's health related, make sure it's IT related, and
4 then also business related I think we probably, at the
5 next meeting, if we could all bring either forward to the
6 advisory group or, I'm not sure if we can email them to
7 you in advance, if you do have people having a brief bio
8 to describe their background so we, as an advisory group,
9 understand the background. And we can, in the public
10 view, make sure we're getting the right people because
11 you don't want these committees very big. And we all know
12 that you need about possibly four to six people on the
13 average committee of people who are committed to get some
14 plans because, again, time is of the essence.

15 So, although Commissioner Galvin made it
16 sound like I was going to say something very educated, I
17 didn't. It's very common sense. But I'll do anything I
18 can do to help you all make sure our committees, at
19 least, have a nice variety of people. And make sure that
20 the person who is in charge of the subcommittee has the
21 time as well because that's where it will always fall
22 through is the person in charge of that subcommittee will
23 basically own it and it takes a lot of time to get it
24 done well and right. So, that -- those are about the

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 extent of my words, but I think we all -- if we all did
2 homework and brought names forward to this group then as
3 a group we could try to offer recommendations to which
4 subcommittee they should be part of.

5 CHAIRPERSON GALVIN: Thank you for your
6 remarks and it certainly justifies my faith in you. It
7 takes a smart person to take a complicated process and
8 reduce it to its elements and I think what you're saying
9 is -- it's exactly right particularly that we need people
10 who represent disciplines or points of view that are not
11 present in the state government. In the report from JSI,
12 on page 113, there are stakeholder interview participant
13 and focus group participants who may provide a source of
14 names. But I completely agree with Commissioner Vogel if
15 you get 20 people on your committee you just -- you're
16 done. You need four or five people who are going to do
17 the work and, as I said last week, you have to ask them,
18 there is some work associated with this are you willing
19 to do the work. A lot of them just say, well, how much
20 is that? Well, ten hours or something. They go, I'm too
21 busy for that. Can I just be on the committee? And you
22 don't want people who are just on the committee, you've
23 got to have people who put in some input because if you
24 have 20 people and you only got five or six that give you

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 input it's much better to have the five or six that give
2 you input and you don't have to worry about the other 14
3 or 15. Thank you.

4 MR. WOLLSCHLAGER: Would it be appropriate
5 or helpful then to put together a list of recommended
6 committees with their responsibilities so you know what
7 we're talking about? And also solicit in advance, if it's
8 all right with you, Commissioner Vogel, in advance to get
9 the materials to our office so that we can then come
10 prepared with a list of recommended committees, a list of
11 recommended members, and then hopefully folks will
12 volunteer and say, yes, indeed I want to be the chair of
13 the finance committee. You can certainly do that now if
14 you'd prefer. But is that the will of the group, that's
15 okay?

16 CHAIRPERSON GALVIN: I don't think we need
17 a motion.

18 MR. WOLLSCHLAGER: No, the one other thing
19 on the committee is that we heard from the public today
20 and I've been hearing a lot that the domains don't
21 adequately address the special population. That, you
22 know, we need some body that's looking at, you know, the
23 providers -- this goes beyond the wonderful services you
24 guys are providing, Mark, but something broader to

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 address the long term care resident needs, and behavioral
2 health, and folks with developmental disabilities. All
3 of whom are mentioned in the funding announcement, but
4 are really only mentioned in one little paragraph. And
5 so I'm -- with your okay, I'm going to put together a
6 little suggestion for that committee as well.

7 CHAIRPERSON GALVIN: Great. Okay?

8 MR. WOLLSCHLAGER: Thank you.

9 CHAIRPERSON GALVIN: Are you through,
10 Warren?

11 MR. WOLLSCHLAGER: I'm more than through.

12 CHAIRPERSON GALVIN: Okay. Meeting
13 schedules.

14 MR. COURTWAY: Before we move on,
15 Commissioner Galvin, how will we get the nominees? Do
16 you want the nominees forwarded to you, Warren?

17 MR. WOLLSCHLAGER: Yes. If folks can just
18 nominate folks to me. If you can give a little bio
19 that's great or at least even just a sentence of who they
20 are. If not, we'll figure it ourselves. We'll Google
21 them. So send it to our office.

22 MR. CARR: A quick question, this is Kevin
23 Carr, are the -- these committee members going to be
24 subject to the same restrictions of this group as far as

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 being public officials, etcetera, etcetera?

2 MS. HORN: No, they are going to be
3 advisory to the committee members and the committee, the
4 subcommittees will bring all of the discussion back to
5 this committee to have the discussion in the public
6 meeting. And any decisions that are made are made here.

7 MR. CARR: I just wanted to clarify.

8 MS. HORN: Yes, thank you.

9 MR. WOLLSCHLAGER: Let's go back to your
10 question. Maybe -- I'll send out an email, but maybe the
11 folks can be -- the nominees can be sent not just to me,
12 but to my colleagues Marianne and Denise since I'm
13 actually going to be out of the country for -- I want to
14 keep this moving along.

15 DR. DARDICK: As a point of order, is it
16 possible to reconfigure the tables to be any closer and
17 still leave a little -- I understand we need to have some
18 space in the center for technical reasons, but --

19 MS. HORN: -- oh, certainly.

20 DR. DARDICK: I'm wondering if -- I don't
21 know who is responsible for that, but --

22 MS. HORN: -- yes, it would work better
23 for everybody and I'm sure Dr. Agresta would be able to
24 pick up much more than he is picking up today. I'm

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 sorry.

2 DR. AGRESTA: I'm didn't --

3 MS. HORN: -- we're going to move the
4 table so that if anybody calls in, or for the rest of the
5 group as well, so that we're a little closer together.
6 We're shouting across the room at each other.

7 DR. AGRESTA: Oh, okay.

8 MR. WOLLSCHLAGER: Meeting schedule, there
9 is a suggestion by some members of the group that we
10 chose a particular date each month so that we have
11 monthly meetings. This particular meeting is being held
12 on, I guess, the third Monday of the month. We could go
13 with that. As the Governor pointed out it's hard to try
14 to set a date with 20 people sitting around the table.
15 That's why we came up with this date.

16 We could stick to that third Monday of
17 each month, that would be the 21st of December, it's a
18 busy week. But otherwise I'd like to go with it. I will
19 say that there is one member, Susan Bruschi, who just
20 can't do Monday morning. So -- and can't even
21 participate telephonically. So I didn't know if we could
22 at least consider a Monday afternoon, which she can at
23 least participate telephonically. But, hearing no
24 objection, we would just try to schedule meetings for the

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 third Monday of every month in the afternoon.

2 CHAIRPERSON GALVIN: That's fine with me.

3 I'm a servant of the public, as you are.

4 MR. WOLLSCHLAGER: You're the Chair.

5 CHAIRPERSON GALVIN: I'm the Chair. I

6 didn't know if that would influence Ken or some of the

7 people who have office hours.

8 MS. KIM: What time in the afternoon?

9 DR. DARDICK: I mean almost any time means
10 I've got to cancel patients, but if I've got enough
11 notice the farther ahead the less it --

12 CHAIRPERSON GALVIN: 1:00 p.m.?

13 MS. KIM: I have a 3:00 to 5:00 standing
14 meeting at Yale. So 1:00 to 3:00 or 12:00 to 2:00.

15 CHAIRPERSON GALVIN: 12:00 to 2:00?

16 MR. WOLLSCHLAGER: 12:00 to 2:00?

17 CHAIRPERSON GALVIN: Does that work?

18 MS. BOYLE: I have a noon standing meeting
19 on that third Monday of every month. So I could get here
20 like by 1:30 or 1:45, but --

21 MR. WOLLSCHLAGER: -- see it's tough to
22 get everybody.

23 CHAIRPERSON GALVIN: It's tough.

24 MR. WOLLSCHLAGER: Well, why don't we --

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 we'll just schedule something. But we're going to shoot
2 for something on that Monday anyways. And maybe we'll go
3 back and forth so we'll do one in the morning and one in
4 the afternoon, but we'll set up a firm schedule so folks
5 will know in advance and then Susan can participate.

6 CHAIRPERSON GALVIN: But you've got to
7 give the practitioners advance notice because they can't
8 send off - -

9 MR. FEDELE: -- so when will the next --

10 MR. WOLLSCHLAGER: -- the next meeting
11 then will be the 19th in the afternoon.

12 MR. FEDELE: The 19th?

13 MR. WOLLSCHLAGER: The December meeting --
14 I'm sorry, the 21st, whatever that Monday is then.

15 MR. FEDELE: At 2:00 p.m.?

16 MR. WOLLSCHLAGER: At --

17 MS. HORN: -- didn't we say 12:00 to 2:00?

18 CHAIRPERSON GALVIN: 12:00.

19 MR. WOLLSCHLAGER: 12:00 to 2:00.

20 CHAIRPERSON GALVIN: 12:00 to 2:00.

21 MR. WOLLSCHLAGER: And hopefully it will
22 be in this location.

23 CHAIRPERSON GALVIN: Now, does that --

24 MR. WOLLSCHLAGER: -- I can't guarantee

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 that.

2 CHAIRPERSON GALVIN: We would not object
3 to people bringing sustenance in.

4 MR. WOLLSCHLAGER: No.

5 CHAIRPERSON GALVIN: You're not going to
6 pay for it, I know that.

7 MR. WOLLSCHLAGER: No.

8 CHAIRPERSON GALVIN: No. We don't have a
9 budget to pay for food. So if you want to bring something
10 to eat we're not going to complain about it.

11 MR. WOLLSCHLAGER: Not unless somebody
12 else wants to bring in something. No, we're not going to
13 have food available. But there is a café here, I
14 believe, right, Mike?

15 MR. VARNEY: Yes. Or we can bring stuff
16 in. There is no restriction.

17 MR. WOLLSCHLAGER: Folks can bring food
18 in?

19 CHAIRPERSON GALVIN: Yes. I just wanted if
20 somebody wants to bring something in to drink, a coffee,
21 or something.

22 MR. WOLLSCHLAGER: Okay, great.

23 CHAIRPERSON GALVIN: Okay. Any new
24 business? Mark?

HEALTH INFORMATION TECHNOLOGY AND EXCHANGE COMMITTEE
NOVEMBER 16, 2009

1 MR. MASSELLI: Nope.

2 CHAIRPERSON GALVIN: No, okay. We've
3 covered public comments. And I will now solicit a motion
4 to adjourn the meeting.

5 A VOICE: So moved.

6 CHAIRPERSON GALVIN: And a second.

7 A VOICE: Second.

8 CHAIRPERSON GALVIN: We stand adjourned
9 until the 21st of December at 12:00 noon.

10 (Whereupon, the meeting was adjourned at
11 11:06 a.m.)